

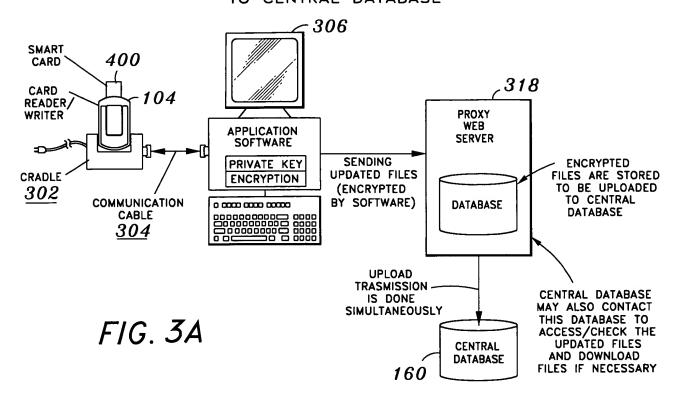
FIG. 3







## SENDING UPDATED RECORDS (FILES) TO CENTRAL DATABASE



## RECEIVING UPDATED RECORDS (FILES) FROM CENTRAL DATABASE AS NEEDED TO UPDATE PATIENT INFORMATION RECORDS

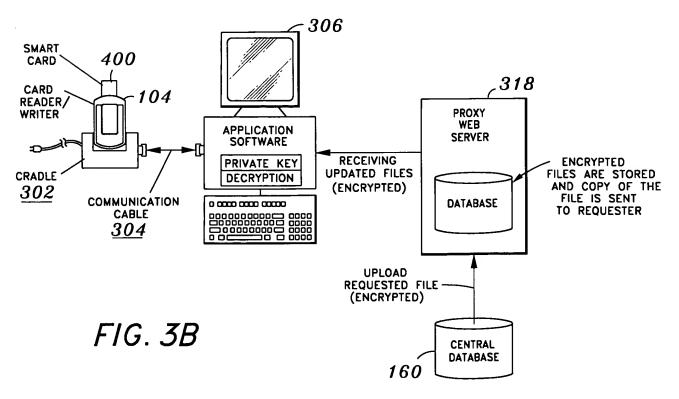


FIG. 4

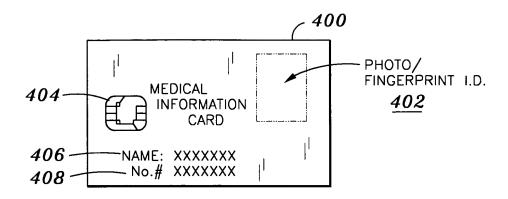
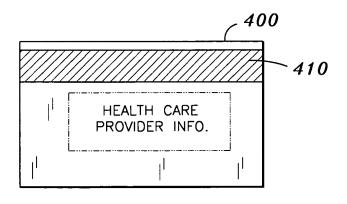


FIG. 5



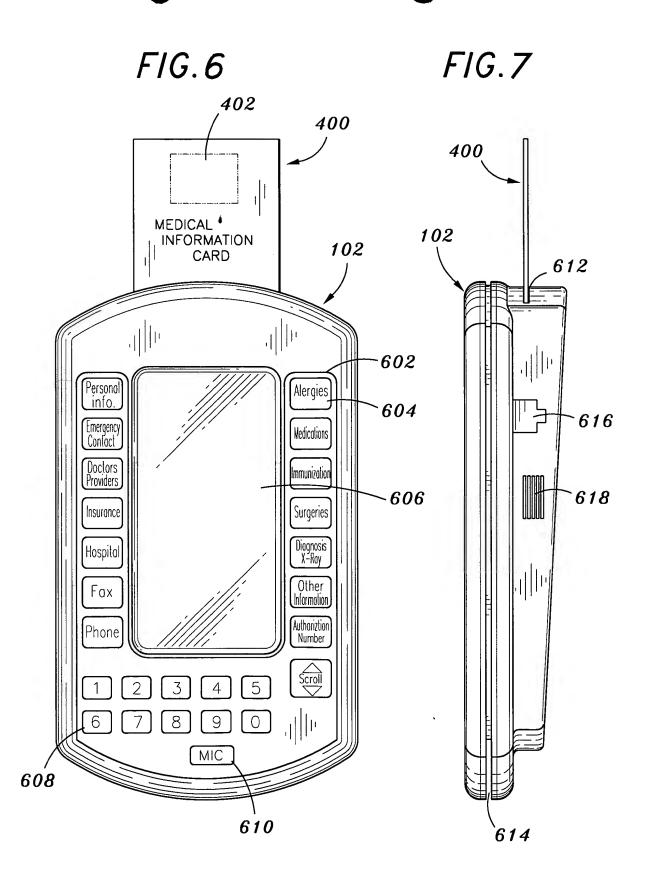
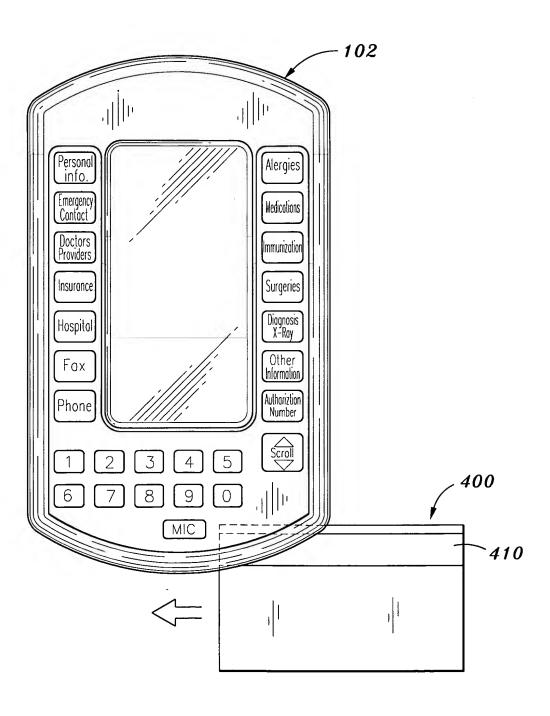
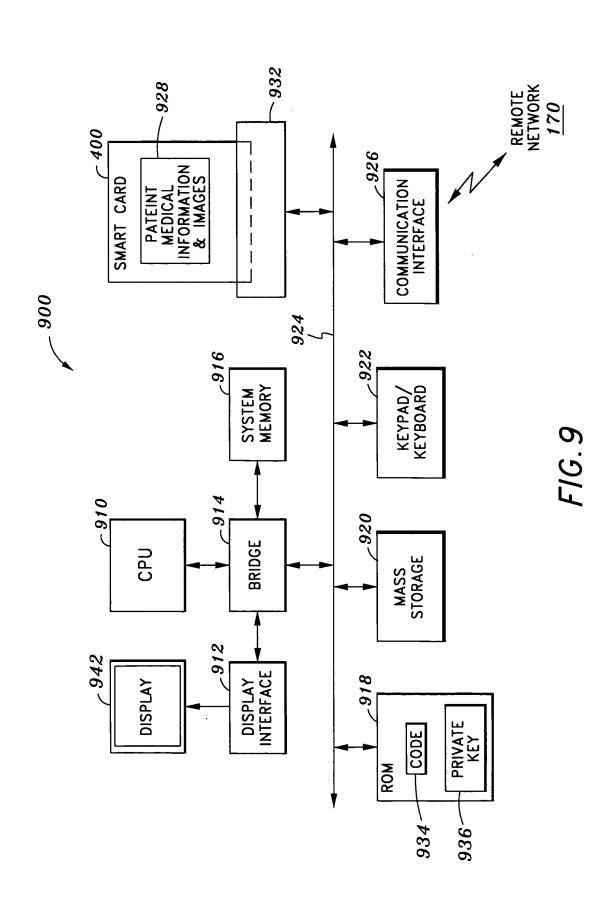


FIG. 8





Diagnoses Surgical Proce	colures Current Medications Health Care Provider	
rsonal Information Emerg	ency Contact   Medical - Hospital Information   Allergie	18.
st Name:	First Name;	Middle Initiat:
Social Security Number:	Date of Birth: 11	Male C Female ©
Street Address:		
City:	State: Zip Code:	
Home Phone:	Work Phone:	
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FIG. 10

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Current Medications:					प्रदेशक्षात्रीय गुण्ये थ्र
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FIG. 11

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Phone:		Employer:			
Secondary Insurance			2 1 2 4 6 . 		
Company Name;		·	Phen		
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FIG. 12

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Admission Date:	11			
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Living Will Verified	Comments:			
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FIG. 13

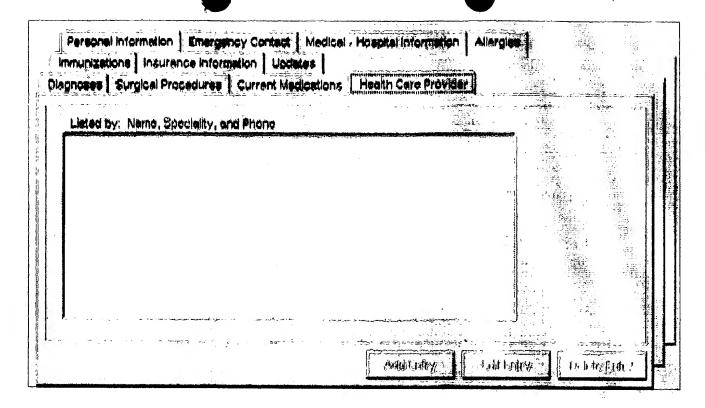


FIG. 14

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	Comments:	The second secon	फलाक्राचान्त्रः किला स्था	N District Title /

FIG. 15

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FIG. 16

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FIG. 17

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FIG. 18

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FIG. 19

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